## Manaaki Fund

## **Application Form**



## Information

- The purpose of the Manaaki Fund (MF) is to provide temporary financial assistance for currently enrolled learners who are facing hardship.
- The MF can be used to cover any basic living costs that currently enrolled learners are unable to meet, including but not limited to food, utilities, or other unexpected expenses.
- Learners can be supported by a direct cash payment and/or direct purchase of resources on the learners' behalf.
- Learners must have an acceptable attendance record to be eligible.
- You must be a NZ citizen or permanent resident to apply.
- Please supply evidence of your bank account number with your name on it. Failure to do this will hold up your application from being processed.
- Return this form, supporting evidence and bank account details (copy of bank statement or screenshot from internet banking which also states full name) to: lisat@tpp.ac.nz
- We endeavour to process applications within 5 working days.

Have you received any other assistance?  Yes  No										
If so, please describe:										
1 Personal Details										
Student ID Number		National Student Number								
Programme										
First Name		Surname								
Date of Birth	Day Month Year									
Telephone No.		Mobile Phone No.								
Email Address										
Living Arrangements	(eg. student accommodation, living in own hom	ne, flatting)								
Do you have any dependents/children?  Yes No If yes, how many?										
2 Reasons for Assistance										
Please describe the hardship you are facing and attach any relevant evidence:										
Please describe how the hardship is interfering with your ability to progress with study and attach any relevant evidence:										

Is there a specific cost/s y	ou require assist	ance with?	Please	provide	details:		
3 Declaration							
I Education Commission, on m provide is regulated by the Pr material bearing on my applic	rivacy Act 1993. I her	orary financ reby declare	ial assis that the	tance fro	m the Manaaki Fund ion I have given is t	l. I acknowledge the stora rue and correct and no inf	
Signature			Date			_	
			Day	Month	Year		
Office use Only:							
				<b>√</b>	Notes:		
Artena	Enrolment Statu	us confirme	ed EA				
	Fees Paid						
	Contact log ched	cked					
Attendance	Checked						
Evidence	Attached						
Bank Account	Attached						
Assistance Approved Assistance De			clined				
Assistance Type							
Value							
Date Support provided							
Ethnicity		Gender				Disability Status	
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